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Under the Paperwork Reduction Act of 1995 in	Application Number	ection of information unless it displays a valid OMB control numb 10/663,934								
PE DRANSMITTAL	Filing Date	september 16, 2003								
FORM	First Named Inventor	Ravil*prasad								
OCT 18 2005 E	Art Unit	1772								
the second secon	Examiner Name	Hon, Sow Fun								
(to be used to pill correspondence after initial fill TRANSPER of Pages in This Submission 9	Attorney Docket Number	HOETRE24ACONUSA								
ENCLOSURES (Check all that apply)										
Fee Attached Amendment/Reply After Final Affidavits/declaration(s) Extension of Time Request Express Abandonment Request Information Disclosure Statement Certified Copy of Priority Document(s) Reply to Missing Parts/	Drawing(s) Licensing-related Papers Petition Petition to Convert to a Provisional Application Power of Attorney, Revocation Change of Correspondence A Terminal Disclaimer Request for Refund CD, Number of CD(s) Landscape Table on CD Remarks Customer No. 00270	ddress	Appea of Appea (Appea Proprie Status	Enclosure(s) (please Identify						
Reply to Missing Parts under 37 CFR 1.52 or 1.53	Express Mail No. ER636322998US FURE OF APPLICANT, ATTORNEY, OR AGENT									
Firm Name										
HOWSON AND HOWSON	1)11/1		······································							
Signature Osther W Koless										
Printed name Cathy A. Kodroff	•0	-								
Date October 18, 2005	F	Reg. No.	33,980							
CERTIFICATE OF TRANSMISSION/MAILING I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:										
Signature										
Typed or printed name			Date	,						

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PTO/SB/17 (12-04v2) Approved for use through 07/31/2006. OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMR control number Complete if Known Effective on 12/08/2004. to the Consolidated Appropriations Act, 2005 (H.R. 4818). Application Number 10/663,934 TRANSMIT Filing Date September 16, 2003 For FY 2005 First Named Inventor Ravi Prasad Examiner Name Hon, Sow Fun Applicant claims small entity status. See 37 CFR 1.27 Art Unit 1772 TOTAL AMOUNT OF PAYMENT (\$) 1520.00 · Attorney Docket No. HOETRE24ACONUSA METHOD OF PAYMENT (check all that apply) Credit Card Money Order None Other (please identify): Deposit Account Name: HOWSON AND HOWSON Deposit Account Deposit Account Number: 08-3040 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES Small Entity Application Type Fee (\$) Fee (\$)

		Small Entity		Small Entity		Small Entity	
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80.	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
							Constitution

2. EXCESS CLAIM FEES
Fee DescriptionSmall Entity
Fee (\$)Each claim over 20 (including Reissues)5025Each independent claim over 3 (including Reissues)200100Multiple dependent claims360180

Multiple Dependent Claims Total Claims Extra Claims Fee (\$) Fee Paid (\$) ___ - 20 or HP = Fee (\$) Fee Paid (\$) 0 0 HP = highest number of total claims paid for, if greater than 20. Fee Paid (\$) Extra Claims Fee (\$) Indep. Claims - 3 or HP = 0 0 0 .

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)

- 100 = _____ / 50 = ____ (round up to a whole number) x ____ = ___

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Extension of Time fee and Notice of Appeal fee

Fees Paid (\$)

Signature

Registration No. (Attorney/Agent)

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Registration No. (Attorney/Agent)

Date October 18, 2005

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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